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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10040396

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
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Total Depend			16				Total Depend							
Total Claims			18				Total Claims							

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